

52 Just—Dawson: *Cerebellar Abscess; Temporo-sphenoidal Abscess*

June 20, 1926.—General condition good. No headache. Still transient attacks of blindness lasting from a few minutes to two hours. Power and co-ordination of limbs good.

June 22, 1926.—Reflexes as before. Papilloedema less marked (R. F. M.). Recovery very good. General condition excellent. Patient discharged from hospital, July 3, 1926.

August 20, 1926.—Visual acuity very defective: secondary optic atrophy of both discs more marked in the left. There is now no active change. (R. F. M.)

October 8, 1926.—Visual acuity: left eye, $\frac{6}{86}$; right eye less than $\frac{6}{80}$. The general condition is excellent. The granulating wound behind the ear has practically healed.

Right Cerebellar Abscess.

By G. W. DAWSON, F.R.C.S.I.

D. B., female, aged 25.

Seen October, 1918.—Had had right otorrhœa all her life and then had slight tenderness and swelling of the mastoid, with pain right side of head. A few days previously had had facial paralysis, and giddiness. Temperature 99.8° F.; pulse 100. For the previous twelve months she had "felt seedy," with headache and loss of appetite. She had lost weight and colour and was easily fatigued. Memory not affected.

October 8.—Radical mastoid operation: bone dense and acellular; pus in antrum. For two days she felt better. Temperature dropped to normal and pulse to 60, but on October 10 the temperature again rose to 100° F., where it remained till October 20, the pulse remaining at 60.

October 18.—The headache referred to right occiput became worse and on the 19th she vomited, and spontaneous nystagmus to the affected side was noticed. Fundus examined by house surgeon: slight papillitis.

October 20.—Screaming with pain she lay on sound side curled up in bed. Tongue dry and brown; pulse (64) small and weak; no weakness of limbs; reflexes normal; intellect perfectly clear, answered questions quickly. Cerebellar abscess was diagnosed.

Operation.—Mastoid re-opened: no track found. Attempt made to open cranial cavity in front of sinus, but space was too limited. Trephined behind sinus, and passed knife in several directions into cerebellum.

I almost abandoned the operation when I found a large quantity of foetid pus, which appeared to be situated low down and anteriorly. The amount appeared so large that one wondered how it could be missed. An iodoform gauze plug was introduced and changed every day. The nystagmus disappeared in a few days. The temperature dropped to 99° F. in four days, and in six days she was free from pain and was allowed out of bed on November 12. Her ill health and progressive loss of weight and colour during the previous twelve months seem to indicate the presence of a chronic abscess.

Right Temporo-sphenoidal Abscess.

By G. W. DAWSON, F.R.C.S.I.

F. N., MALE, aged 21. Right otorrhœa three years. Occasional pain about December 10, 1926; became ill with pain in ear; temperature 100° F. Recovered in a few days.

December 29, 1926.—Became unconscious at night and was brought to the hospital.